



**HEMOCARE
WORKER**

Supplemental Trust

What to Remember When You Enroll in a Trust-Approved Plan on Healthcare.gov

Note: The Oregon Homecare Workers' Supplemental Trust does not provide medical insurance. Rather, the Trust provides premium assistance and out-of-pocket expense benefits for eligible participants that receive medical insurance through a Trust-approved qualified health plan. Following these steps does not guarantee that you will be eligible for Trust benefits.

Before your enrollment, you will need to have available:

- Names, DOBs, SSNs for all the people in your tax-filing household
- Estimated pre-tax (gross) income and deductions for all the people you would put on your taxes for the year in which you are enrolling in medical coverage, including things like Social Security and Disability benefits, rental income or wages and alimony payments
- Current medical insurance company name and policy numbers for anyone enrolling for medical insurance for the same year you as you
- If anyone in your tax-filing household has access to employer coverage, you will need the employer name, employer phone number and the monthly cost for the insurance, even if the coverage is provided through someone outside your tax-filing household.
- The Trust-approved plan name and plan ID for the plan you are enrolling into: _____

During your enrollment you will need to:

- Verify your identity
- Walk through your information, updating and verifying the information that has changed
- For your homecare and personal support work, your employer is: Consumer Client, 550 Capitol St. NE, Salem OR 97301, 1-877-867-0077. **Your benefits through the Supplemental Trust are not employer-based** or group coverage.
- You will want to keep your agent of record on file for next year: Lisa Schneider, Valley Insurance Professionals, NPN Number 14864065
- Take the full Advance Premium Tax Credit (APTC) if you are eligible for one
- When you enroll, note and save the following information to submit to the Trust Administrative office
 - o Application ID # _____
 - o Base Premium \$ _____
 - o APTC Amount \$ _____
 - o Net premium after APTC \$ _____
 - o Effective Date of the Plan _____
 - o Date any verification documents are due _____
- After your enrollment, remember to finish the post-enrollment steps listed on the Trust website.

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The benefits of the Homecare Workers Supplemental and Benefit Trusts were negotiated by SEIU Local 503 homecare and personal support workers through their bargaining team.

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